

Small Business Certification

Name of Licensee/Applicant:

Address:

License Number (if issued):

I understand that I or the independent small business I represent will receive the discount prescribed in WAC 246-254-030 upon validation of the information to which I am attesting.

I fully understand that the Department of Health may verify this information at any time. I hereby authorize the Departments of Revenue, Licensing, and/or Labor and Industries to provide the Department of Health such information as is directly applicable to verifying the information provided by this certification.

I hereby certify that the above-named license or license applicant is:

1. A corporation, partnership, sole proprietorship, or other legal entity formed for the purpose of making a profit.
2. Independently owned and operated from all other businesses, and
3. Employs 50 or fewer employees.

Furthermore, I certify that I am the chief executive officer of the licensee or license applicant (or other responsible official empowered to act on behalf of the above-named independent small business).

Officer's Signature _____

Print Officer's Name

Officer's Title

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public in and for the State of Washington

Residing at: _____ My Commission expires_____